

DSPD SFY 09 SCE Service Contract Review CHECK OFF FORM

Provider Information	Reviewer Information
Agency Name: _____	Name: _____
Contract #: _____	Region: _____
Provider ID number: _____	Date of Review: _____
Sample Size: _____	

General Requirements - Performance Measures - Client Outcomes	COMPLIANCE						
1) Contractor Qualifications							
a) Contractor has all applicable licenses as prescribed in Utah Administrative Code, Rule R501.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%; text-align: center;">YES</td> <td style="width: 33.33%; text-align: center;">NO</td> <td style="width: 33.33%; text-align: center;">N/A</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	YES	NO	N/A			
YES	NO	N/A					
b) Contractor is certified by DHS/DSPD to provide any services not covered by applicable licensure.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%; text-align: center;">YES</td> <td style="width: 33.33%; text-align: center;">NO</td> <td style="width: 33.33%; text-align: center;">N/A</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	YES	NO	N/A			
YES	NO	N/A					
c) Contractor is an approved Medicaid provider.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%; text-align: center;">YES</td> <td style="width: 33.33%; text-align: center;">NO</td> <td style="width: 33.33%; text-align: center;">N/A</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	YES	NO	N/A			
YES	NO	N/A					
2) Administrative Requirements - Personnel							
a) Contractor has established personnel policies and procedures.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%; text-align: center;">YES</td> <td style="width: 33.33%; text-align: center;">NO</td> <td style="width: 33.33%; text-align: center;">N/A</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	YES	NO	N/A			
YES	NO	N/A					
b) Copy of policies and procedures maintained and readily accessible at each facility.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%; text-align: center;">YES</td> <td style="width: 33.33%; text-align: center;">NO</td> <td style="width: 33.33%; text-align: center;">N/A</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	YES	NO	N/A			
YES	NO	N/A					
c) Written job descriptions for all positions including volunteer positions.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%; text-align: center;">YES</td> <td style="width: 33.33%; text-align: center;">NO</td> <td style="width: 33.33%; text-align: center;">N/A</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	YES	NO	N/A			
YES	NO	N/A					
d) Documented evaluation of staff performance on at least an annual basis.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%; text-align: center;">YES</td> <td style="width: 33.33%; text-align: center;">NO</td> <td style="width: 33.33%; text-align: center;">N/A</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	YES	NO	N/A			
YES	NO	N/A					
e) Cooperate by notification to DSPD and with de-certification by DSPD of any worker separated for cause	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%; text-align: center;">YES</td> <td style="width: 33.33%; text-align: center;">NO</td> <td style="width: 33.33%; text-align: center;">N/A</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	YES	NO	N/A			
YES	NO	N/A					
3) Administrative Requirements - Operating Policies and Procedures							
a) Contractor has established operating policies and procedures.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%; text-align: center;">YES</td> <td style="width: 33.33%; text-align: center;">NO</td> <td style="width: 33.33%; text-align: center;">N/A</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	YES	NO	N/A			
YES	NO	N/A					
b) Copy of operating policies and procedures readily accessible at each facility.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%; text-align: center;">YES</td> <td style="width: 33.33%; text-align: center;">NO</td> <td style="width: 33.33%; text-align: center;">N/A</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	YES	NO	N/A			
YES	NO	N/A					
c) Contractor has mission statement and objectives.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%; text-align: center;">YES</td> <td style="width: 33.33%; text-align: center;">NO</td> <td style="width: 33.33%; text-align: center;">N/A</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	YES	NO	N/A			
YES	NO	N/A					
d) Population being served is identified.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%; text-align: center;">YES</td> <td style="width: 33.33%; text-align: center;">NO</td> <td style="width: 33.33%; text-align: center;">N/A</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	YES	NO	N/A			
YES	NO	N/A					
e) Contractor describes each service provided and how service will be delivered.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%; text-align: center;">YES</td> <td style="width: 33.33%; text-align: center;">NO</td> <td style="width: 33.33%; text-align: center;">N/A</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	YES	NO	N/A			
YES	NO	N/A					
f) Staff and supervisory responsibilities clearly defined during all hours of operation.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%; text-align: center;">YES</td> <td style="width: 33.33%; text-align: center;">NO</td> <td style="width: 33.33%; text-align: center;">N/A</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	YES	NO	N/A			
YES	NO	N/A					
g) Contractor provides for necessary staff training on regular basis.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%; text-align: center;">YES</td> <td style="width: 33.33%; text-align: center;">NO</td> <td style="width: 33.33%; text-align: center;">N/A</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	YES	NO	N/A			
YES	NO	N/A					
h) Contractor provides for receipt and resolution of persons' grievances.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%; text-align: center;">YES</td> <td style="width: 33.33%; text-align: center;">NO</td> <td style="width: 33.33%; text-align: center;">N/A</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	YES	NO	N/A			
YES	NO	N/A					
i) Contractor's procedures include emergency procedures for handling the injury, illness, or death of a person and instructions about when and how to notify the DSPD Region Office.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%; text-align: center;">YES</td> <td style="width: 33.33%; text-align: center;">NO</td> <td style="width: 33.33%; text-align: center;">N/A</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	YES	NO	N/A			
YES	NO	N/A					
j) Contractor has a system in place that monitors the person's Support Plan.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%; text-align: center;">YES</td> <td style="width: 33.33%; text-align: center;">NO</td> <td style="width: 33.33%; text-align: center;">N/A</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	YES	NO	N/A			
YES	NO	N/A					
k) Contractor has a system in place that: confirms client record confidentiality, maintenance, retention, destruction, are locked and secured, and provides audit access per contract.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%; text-align: center;">YES</td> <td style="width: 33.33%; text-align: center;">NO</td> <td style="width: 33.33%; text-align: center;">N/A</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	YES	NO	N/A			
YES	NO	N/A					
4) Administrative Requirements - Quality Monitoring Process							
a) Quality Monitoring Process can be externally validated by DSPD.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%; text-align: center;">YES</td> <td style="width: 33.33%; text-align: center;">NO</td> <td style="width: 33.33%; text-align: center;">N/A</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	YES	NO	N/A			
YES	NO	N/A					
b) Quality Monitoring Process includes an agency self-assessment or accreditation process. Ensure Person-centered Assistance, support request system, reporting, quality enhancement, training, record keeping per contract	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%; text-align: center;">YES</td> <td style="width: 33.33%; text-align: center;">NO</td> <td style="width: 33.33%; text-align: center;">N/A</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	YES	NO	N/A			
YES	NO	N/A					
c) Quality Monitoring Process includes established method for responding to concerns identified in the SCE Contractor's own quality monitoring and feedback processes.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%; text-align: center;">YES</td> <td style="width: 33.33%; text-align: center;">NO</td> <td style="width: 33.33%; text-align: center;">N/A</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	YES	NO	N/A			
YES	NO	N/A					
d) Quality Monitoring Process includes an established method for responding to and/or correcting within specified timeframes, any areas of non compliance per contract monitoring.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%; text-align: center;">YES</td> <td style="width: 33.33%; text-align: center;">NO</td> <td style="width: 33.33%; text-align: center;">N/A</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	YES	NO	N/A			
YES	NO	N/A					
5) Administrative Requirements - Human Rights Plan							
a) Contractor has a Human Rights Plan and an ID/RC Human Rights Committee.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%; text-align: center;">YES</td> <td style="width: 33.33%; text-align: center;">NO</td> <td style="width: 33.33%; text-align: center;">N/A</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	YES	NO	N/A			
YES	NO	N/A					
6) Administrative Requirements - Protective Service Investigations							
a) Contractor has process in place to cooperate with all DHS Protective Service Investigations.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%; text-align: center;">YES</td> <td style="width: 33.33%; text-align: center;">NO</td> <td style="width: 33.33%; text-align: center;">N/A</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	YES	NO	N/A			
YES	NO	N/A					
7) Administrative Requirements - Fatality Notifications and Fatality Reviews							
a) Contractor has system in place, in the absence of other service providers, to notify the person's family, the DSPD Supervisor, and DSPD Region Director within 24 hours of first knowledge of the death of a person receiving SCE services under the SCE contractor's contract.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%; text-align: center;">YES</td> <td style="width: 33.33%; text-align: center;">NO</td> <td style="width: 33.33%; text-align: center;">N/A</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	YES	NO	N/A			
YES	NO	N/A					
b) Contractor follows the DHS fatality review process.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%; text-align: center;">YES</td> <td style="width: 33.33%; text-align: center;">NO</td> <td style="width: 33.33%; text-align: center;">N/A</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	YES	NO	N/A			
YES	NO	N/A					

DSPD SFY 09 SCE Service Contract Review CHECK OFF FORM

Administrative Requirements - continued:										COMPLIANCE		
8) Non-Profit Contractor Board												
a) Contractor has Board to assure high quality of program standards. No one on the Board maintains interest in any other organization under contract with DHS/DSPD.										YES	NO	N/A
9) Contractor and Staff Prohibited from Acting as Guardians.												
a) Contractor has a system in place to prohibit contractor, its staff, and related parties from becoming the legal guardian of any person receiving services under the SCE Contractor's contract.										YES	NO	N/A
10) Person Discharge Procedure												
a) Contractor follows contracted procedure when initiating request for discharge of a person from SCE services.										YES	NO	N/A
11) Record Keeping - Personnel Records												
a) Application (including name, address, and telephone number).										YES	NO	N/A
b) References (2) and documentation of reference verification.										YES	NO	N/A
c) BCI release forms per State requirements (BCI, FBI, Abuse Registry, Licensing - annual).										YES	NO	N/A
d) All staff must have a signed DHS/DSPD Code(s) of Conduct on file updated <u>annually</u> .										YES	NO	N/A
e) Completed provider conflict of interest form.										YES	NO	N/A
f) Record of training and competency test methods and results including staff training requirements as outlined in the Waiver, the SCE contract, and applicable rule and statute.										YES	NO	N/A
g) SCE staff complete 30 hours of continuing education each year; relevant and approved by DSPD. Recommend periodic anti-fraud training.										YES	NO	N/A
h) Copies of educational transcripts and degrees (if they are used to determine competency).										YES	NO	N/A
i) Copies of W-4(s).										YES	NO	N/A
j) Copy of I-9.										YES	NO	N/A
k) Copy of valid driver's license, or state ID card, and Social Security card.										YES	NO	N/A
l) Evidence of negative TB test (or negative chest X-ray if a previous TB test is positive) within one month of employment.										YES	NO	N/A
n) Signed declaration of "No conflict of interest in employment" per contract										YES	NO	N/A
12) Record Keeping - Staff Qualifications												
a) Documentation that SCE staff possess the credential of QMRP.										YES	NO	N/A
b) Non certified SCE staff are under direct supervision of certified SCE support coordinator and are actively pursuing training leading to SCE certification within time limits.										YES	NO	N/A
c) Documentation verifying SCE staff have successfully completed a course offered and prescribed by DHS/DSPD certifying competency in support coordination.										YES	NO	N/A
d) Contractor follows staff ratio limits (1 to 3 supervision & 40 max caseload adjusted for supervision limits.										YES	NO	N/A
Current Review Results:												
Administrative Issues:												
Program-Service Process Issues:												
Follow Up to Previous Review & Results:												

DSPD SFY 09 SCE Service Contract Review CHECK OFF FORM DSPD Supervisor Form for Monitoring of Documentation Systems & Service Processes																														
Record Keeping - Medicaid Records																														
a) When providing Medicaid reimbursed Waiver services, the contractor documents on the 870 log (or other format prescribed by DSPD) the following:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">YES</th> <th style="width: 33%;">NO</th> <th style="width: 33%;">N/A</th> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>			YES	NO	N/A																								
YES	NO	N/A																												
1. The name of the person served 2. The name of the person who delivered the service 3. The specific service provided 4. The date the service was rendered 5. Progress notes describing the person's response to the services.																														
Reports and USTEPS Database Maintenance																														
a) Contractor ensures services providers submit to DHS/DSPD the following reports within the proper timeframes:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">YES</th> <th style="width: 33%;">NO</th> <th style="width: 33%;">N/A</th> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>			YES	NO	N/A																								
YES	NO	N/A																												
1. Incident Report Form 1-8 : Five business days after the event. 2. Support Strategies: 30 days after the Action Plan is received. 3. Monthly Summary: 15 days after the end of the month. 4. 520 billings and 870 logs: 30 days after the receipt of the DSPD generated 520 billings 5. Reconciled Representative Payee Report: 45 days after the end of the month; monitoring of provider charges to client funds. 6. Discharge Summary report per contract specifications. 7. Response to DHS/DSPD Corrective Action: Major deficiency (within 24 hrs); Significant Deficiency (within 10 days of notification); Minor deficiency (within 30 days of notification)																														
10) Incident Reporting																														
a) Contractor has Incident Reporting Policy in place that includes the following:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">YES</th> <th style="width: 33%;">NO</th> <th style="width: 33%;">N/A</th> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>			YES	NO	N/A																								
YES	NO	N/A																												
1. Contractor notifies DHS/DSPD within 24 hours of any incident requiring a report. 2. Contractor completes DHS/DSPD Form I-8 within five business days of the incident. 3. Contractor ensures service provider(s) send incident report to DHS/DSPD Region Office.																														
11) Record Keeping - Person's Records (& date of last update)																														
a) Contractor maintains separate record for each person served.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">YES</th> <th style="width: 33%;">NO</th> <th style="width: 33%;">N/A</th> </tr> <tr><td> </td><td> </td><td> </td></tr> </table>			YES	NO	N/A																								
YES	NO	N/A																												
b) Records contain the person's name, address, phone number, birth date, Medicaid number, name and address of sponsor or owner of facility providing services, the name, address, and phone number of the person's support coordinator.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">YES</th> <th style="width: 33%;">NO</th> <th style="width: 33%;">N/A</th> </tr> <tr><td> </td><td> </td><td> </td></tr> </table>			YES	NO	N/A																								
YES	NO	N/A																												
c) Photograph of the person	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">YES</th> <th style="width: 33%;">NO</th> <th style="width: 33%;">N/A</th> </tr> <tr><td> </td><td> </td><td> </td></tr> </table>			YES	NO	N/A																								
YES	NO	N/A																												
d) The name, address, and phone number of the person's representative or guardian.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">YES</th> <th style="width: 33%;">NO</th> <th style="width: 33%;">N/A</th> </tr> <tr><td> </td><td> </td><td> </td></tr> </table>			YES	NO	N/A																								
YES	NO	N/A																												
e) The names of emergency contacts and instructions on how to contact them.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">YES</th> <th style="width: 33%;">NO</th> <th style="width: 33%;">N/A</th> </tr> <tr><td> </td><td> </td><td> </td></tr> </table>			YES	NO	N/A																								
YES	NO	N/A																												
f) The name and number of the person's primary care physician, medical specialist and medical insurance, if any.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">YES</th> <th style="width: 33%;">NO</th> <th style="width: 33%;">N/A</th> </tr> <tr><td> </td><td> </td><td> </td></tr> </table>			YES	NO	N/A																								
YES	NO	N/A																												
g) A copy of the person's social history and psychological evaluation	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">YES</th> <th style="width: 33%;">NO</th> <th style="width: 33%;">N/A</th> </tr> <tr><td> </td><td> </td><td> </td></tr> </table>			YES	NO	N/A																								
YES	NO	N/A																												
h) Documentation of behavioral or other incidents such as property damage	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">YES</th> <th style="width: 33%;">NO</th> <th style="width: 33%;">N/A</th> </tr> <tr><td> </td><td> </td><td> </td></tr> </table>			YES	NO	N/A																								
YES	NO	N/A																												
i) The person's current Individual Support Plan / Action Plan including:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">YES</th> <th style="width: 33%;">NO</th> <th style="width: 33%;">N/A</th> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>			YES	NO	N/A																								
YES	NO	N/A																												
1. Support Strategies 2. Monthly summaries of attendance records 3. Service records identifying the service rendered 4. Name of the person receiving the service 5. Location where services were rendered 6. Date and number of hours rendered																														
j) Records include the person's admission and discharge dates, sponsorship (DSPD or private), paybacks related to the person, and reimbursement requests (Forms 520, 295S, 1032). Records are maintained five years from the date of discharge or per contract.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">YES</th> <th style="width: 33%;">NO</th> <th style="width: 33%;">N/A</th> </tr> <tr><td> </td><td> </td><td> </td></tr> </table>			YES	NO	N/A																								
YES	NO	N/A																												
k) Human Rights Committee and Behavior Peer Committee documentation, guardianship, and other pertinent legal documents. Notice of person's rights, prevention of abuse, restrictions and team responsibilities.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">YES</th> <th style="width: 33%;">NO</th> <th style="width: 33%;">N/A</th> </tr> <tr><td> </td><td> </td><td> </td></tr> </table>			YES	NO	N/A																								
YES	NO	N/A																												
l) A record of all incidents and protective service investigations documented in accordance with DHS requirements.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">YES</th> <th style="width: 33%;">NO</th> <th style="width: 33%;">N/A</th> </tr> <tr><td> </td><td> </td><td> </td></tr> </table>			YES	NO	N/A																								
YES	NO	N/A																												

11) Record Keeping - Person's Records (& date of last update) - continued

YES	NO	N/A

YES	NO	N/A

Coordinates the delivery of services and monitors health & safety per program requirements:

YES	NO	N/A

- 1) Choice of services & providers; sufficient info for informed choice & formulation of ISP
- 2) Complete Person-Centered Planning; effective client involvement
- 3) Development of the ISP
 - a) with complete & appropriate support strategies by provider
 - b) with complete & appropriate budget
- 4) Behavior Support Plan
- 5) Psychotropic Meds Plan
- 6) Staff instruction sheets, data collection & analysis sheets
- 7) Advocacy services
- 8) Information to persons of available services & how to select providers & obtain services
- 9) Helps persons gain access to Ut Medicaid State Plan & other resources
- 10) Team membership and a review at least annually

[illegible]

- 1) Discharge planning and transition services
- 2) Health & Safety requirements; routine and emergency care; reporting
 - a) Verify that a record of all medical and/or dental examinations performed, a record of all medications (logs) are on provider site.
 - b) Verify that a record of all surgeries, immunizations, illnesses, chronic complaints, and significant changes in health is on file; verify the presence of an authorization for any emergency medical treatment needed.
- 3) Health & Nutrition requirements
- 4) Provision of routine transportation
- 5) Access to Community Services

YES	NO	N/A

--	--	--

- 1) Monitor the person's Support Plan
- 2) Accuracy of case records & documentation
- 3) On-going monitoring of health, welfare, and safety; modifying ISP & reporting significant changes to DSPD
- 4) Documentation to Monitor (interviews, direct observation, assessment) the provision & quality of services & supports; delivered as intended
- 5) Documentation to Monitor documented billing supports; progress evaluations
- 6) Site Visits Residential AT LEAST MONTHLY VIA FACE-TO-FACE visit and observation; Supported Living AT LEAST QUARTERLY
- 7) Staff Support is expected, based on caseload of 40 persons, that SCE services will average no less than 2.5 hours per person per month
- 8) Each individual will have all appropriate forms, will meet all timeframes and covers all elements involved in the service
- 9) Monitor provider's actual provision of services and reviewing payment requests for accuracy per budget allocations
- 10) Determines & reports on the quality of the services delivered & takes the steps necessary to remedy any shortcomings
- 11) Copy of IBWS USTEPS Expense Summary for funds control
- 12) Monitor Representative Payee activities per contract; review the monthly reports and take corrective actions as required; monitor for unapproved loans to/from the person
- 13) Provide support coordination services only in facility established for that purpose; not private residence of SCE or staff; telecommunications equipment dedicated exclusively for SCE services

[illegible]